Standards for Public Health in Washington State: The Baseline Evaluation

PHIP Standards Committee

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PRR

National Context—Public Health

- Turning Point project in seven states—have developed conceptual model
- CDC standards have been piloted in several states
- Many states moving towards the Washington state model
- Washington model unique in integrated look at state and local—the public health system

National Context—Performance Measurement

- Types of organizational reviews (see Performance Standards in Public Health Systems discussion paper)
  - Regulatory or contractual audits
  - Program evaluation
  - Accreditation or certification processes
  - Quality award
- Washington Standards baseline evaluation - a modified accreditation process
  - *Sample* – selected components of program or organization are evaluated against applicable measures
  - *All* – measure reviewed in every component selected for the survey
  - *Once* – measure is reviewed once for the entire organization

The Washington State Standards

- "Stretch" standards
  - Assume not all parts of the system are able to demonstrate
  - Those program components that demonstrate may be the only example – assume not applicable to all program components
- Themes
  - Process improvement (Plan—Do—Check—Act)
  - Data driven decision making
  - Best and consistent practices
  - Practice documentation
  - Collaboration and partnerships

The Evaluation Process

- All 34 LHJs reviewed, 32 data points
  - Southeast Washington Partnership documented as one site
  - One EH program elected to not participate
- Each LHJ reviewed for all 98 LHJ measures
- LHJs grouped in peer groups for reporting analysis
  - Small town/rural (11)
  - Mixed rural (5)
  - Large town (7)
  - Urban (11)

The Evaluation Process

- 38 DOH programs and divisions reviewed
  - 16 in CFH plus MCH, CWP, and IDRH overall
  - 5 in EH
  - 5 in EHSPHL
  - 6 in Office of Secretary
  - 2 in HSQA
  - DIRM
- DOH programs reviewed just for applicable standards (out of 104 DOH measures) using customized matrix
- Matrix provided greater clarity and focus for evaluation at program level
- DOH “partnership” measures - the contribution of multiple programs was required to address all aspects of measure
  - 9 measures in this cycle, scored once in Office of Secretary

Revised DOH Matrix

- Revised to improve consistency across topic areas, reflect the PDCA cycle, better match to program work, reduce duplication, and clarify the “partnership” measures
- “Partnership” or *Once* Measures - recommend 27 measures be evaluated once for the entire DOH system and reported at the Office of the Secretary
  - Multiple programs contribute to a single measure
  - Reference to a single or standard process or protocol
  - Accountability resides in single site

Revised DOH Matrix

- Identification of *All* measures
  - Every site evaluated must demonstrate performance of the measure
  - In the baseline evaluation there were 2 *All* measures, both related to training
  - Recommend 6 additional measures be designated as DOH *All* measures, for a total of 8 measures
- The Role of the Board of Health in the Evaluation
  - There was no evaluation of BOH components in baseline
  - Recommend adding the Board of Health as a future site for evaluation (8 measures)
- Recommend creation of a comprehensive LHJ matrix – programs can see where they fit in Standards

Findings: System Overall

- The system works as well as it does because of the skills and commitment of the staff and the scope and depth of the programs
- The strengths of the system are tied to investments made: LCDF, initiatives in public involvement and assessment
- Improvements have been implemented and documented in last 2 years since Standards were tested
- Significant reliance on a “rich oral history” and the assumption that “everyone knows”, rather than having needed documentation
- Stronger performance in Assessment, Communicable Disease and Prevention topic areas

Findings: System Overall

- Weaker performance in Environmental Health and Access topic areas (remember that topic areas are not the same as programs—for example, EH topic area has all the measures relating to emergency response)
- System performs well on Public Information and Community Involvement key management practices, with considerable variation in the other six key management practices
- Less than 50% of DOH programs and LHJs able to fully demonstrate staff training in confidentiality and emergency response plans (the *All* measures)

Findings: System Overall

- LHJ budget size correlates to demonstrated performance on 29% of measures, FTE count correlates to 26% of measures
- Urban LHJs average higher performance than other groupings, but some small town/rural LHJs demonstrated higher overall performance than some urban LHJs
- A budget of $7M and/or 70 FTEs is predictive of performing at 60% of measures or higher, but some with budgets around $2M and less than 30 FTEs also scored over 60%
- Field observations suggest that local priority setting, leadership, staff skill and training, documentation and data systems make a difference

Findings: DOH Programs

Assessment – Strongest Performance

- At least 50% of DOH programs able to demonstrate performance for 95% (21) of the 22 measures
- At least 70% of DOH programs able to demonstrate performance for each of the 5 standards
- Only 1 measure out of 22 had less than 50% able to demonstrate (44% of 9 programs)
  - *AS s 4.4.2 …written protocol for using assessment information to guide health policy*
- Only 52% of DOH programs able to fully demonstrate staff training in confidentiality (*All* measure)

Findings: DOH Programs

Communicable Disease – 2nd Strongest

- At least 50 % of DOH programs able to demonstrate performance for 20 of 26 (77%) measures
- 3 measures had no DOH programs able to demonstrate performance
  - *CD s 1.5.4 …goals, objectives and measures for CD*
  - *CD s 3.5.3 …annual evaluation of CD investigations*
  - *CD s 4.5.4 …communications issues in outbreaks addressed*

Findings: DOH Programs

Environmental Health – Least Demonstrated

- At least 50% of DOH programs able to demonstrate performance in 12 of 20 (60%) measures
- Two measures had no DOH program demonstrating performance
  - *EH s 1.6.5 …education plan identifies performance measures*
  - *EH s 3.8.3 …development of QI plan*
- 62% of DOH programs were not able to fully demonstrate staff training in risk communication and the DOH emergency response plan (*All* measure)

Findings: DOH Programs

Prevention and Health Promotion

- At least 50% or more of the DOH programs able to demonstrate performance in 70% (16) of 23 measures
- One measure had no programs able to demonstrate performance
  - *PP s 2.7.5 …training in community mobilization methods*

Findings: DOH Programs

Access to Critical Health Services

- At least 50% of DOH programs able to demonstrate performance in 62% (8) of 13 measures
- Two measures had no programs able to demonstrate performance
  - *AC s 1.6.1 …information provided to LHJs about provider availability*
  - *AC s 2.7.4 …studies regarding workforce needs*

Findings: DOH Programs

Key Management Practices

- Higher performance (more than 70 % of measures demonstrated) in Public Information and Community Involvement.
- Five other key management practices at 60% or less demonstrated measures
- DOH programs demonstrated the least in workforce development (49%) — *documentation of staff training* — and quality improvement (50%)
- No measures related to the Governance for DOH programs.

Findings: LHJs

- LHJ results show a range 81% to 25% of measures demonstrated
- Ranges varied by peer group
  - Small town/rural 65%-35%
  - Mixed rural 52%-26%
  - Large town 65%-25%
  - Urban 81%-54%
- Some rural peer group LHJs demonstrated more measures than some urban LHJs

Findings: LHJs

Assessment

- At least 50% of LHJs able to demonstrate 63% (15) of 24 measures
- Stronger performance on measures in these standards
  - *1 – public health assessment skills and tools in place*
  - *2 – information collected, analyzed and disseminated*
  - *3 – program results evaluated*
- Less so for these standards
  - *4 – policy decisions guided by assessment information*
  - *5 – confidentiality and secure data systems*

Findings: LHJs

Communicable Disease

- At least 50% of LHJs able to demonstrate 16 of 26 measures (62%)
- At least 50% of LHJs able to demonstrate all measures under Standard 2 – *plans delineate roles and responsibilities*
- Standard 5 – *routine evaluation for improvement opportunities* - was demonstrated by only 39% of LHJs

Findings: LHJs

Environmental Health

- At least 50% of LHJs able to demonstrate 9 of 18 measures (50%)
- 9 measures only met by 30% or less of LHJs, some as low as 6%
  - *Plans for EH health education*
  - *Emergency response plans, evaluating them, defining LHJ staff roles, ensuring staff are trained*
  - *Surveillance system with EH key indicators, quality improvement with EH component*
  - *Compliance procedures for EH work, and process for review of enforcement actions*

Findings: LHJs

Prevention and Health Promotion

- At least 50% of LHJs able to demonstrate 63% (12) of 19 measures
- Standard 3 – *access to prevention services enhanced through information and partnerships* – only 2 of 5 measures demonstrated by 50% of LHJs
- Standard 5 – *health promotion activities demonstrated* - 20% or less of LHJs able to demonstrate performance
  - *Procedures for organizing, distributing, evaluating health promotion materials*
  - *Goals, objectives and performance measures for health promotion*

Findings: LHJs

Access to Critical Health Services – Least Demonstrated

- At least 50% of LHJs able to demonstrate 5 of 11 measures (45%)—Dental services were most often the focus of these activities
- Standard 2 –*information used to analyze access trends* - less than 50% able to demonstrate performance on all measures
- Standard 4 – *quality measures established* - less than 20% of LHJs able to demonstrate performance

Findings: LHJs

Key Management Practices

- Less than 40% able to demonstrate measures related to Policies and Procedures
- Less than 50% able to demonstrate measures related to Key Indicators measured and tracked
- 20% able to demonstrate measures related to Quality Improvement, with over 50% unable to provide any documented demonstration
- Program Planning and Evaluation fully demonstrated in CD topic area by only 19% of LHJs, and in EH topic area by only 23% of sites

Exemplary Practices

- Requested potential exemplary practices during exit interviews with each DOH program and LHJ
- Received more than 500 electronic documents for potential exemplary practices
- Currently in evaluation process
- Exemplary Practice compendium to be complete, as electronic document, by end of January 2003

Recommendations for Action

- Financing and more staff
  - Performance demonstrated most when funded by program or priority application of local capacity funding or other revenues
- Staff skills
  - Health educators
  - Assessment, epidemiology, analysis
  - Few people identified system wide with QI, program evaluation, community mobilization training or skills

Recommendations for Action

- Increased consistency across the system
  - Develop and implement single, statewide protocols for CD and for EH
  - Develop model templates for program applications, performance measurement, evaluation, reporting, and improvement
  - Implement standard key indicators for CD, EH and health status and standardize tracking and reporting systems
  - Implement electronic documentation and reporting systems for CD and EH investigations and enforcement actions
  - Implement Access measurement and reporting

Recommendations for Action

- Role Clarity
  - Roles and expectations regarding the Access standards need to be clarified at state and local level
  - Establish clarity of roles for CD outbreak investigations, environmental health threats, and emergency response

- Process Improvement/Program Evaluation
  - Increase staff skills in improvement methods and tools, and in program evaluation
  - Develop and disseminate model process or template for improvement plans

Recommendations for Action

- Training
  - Develop regularly offered training modules for all areas identified in Standards
- Sustaining the Standards Process
  - Leadership – *performance and health indicator data form the foundation for establishing health policy and measuring and improving the public health system*
  - Training and orientation
  - Tools and techniques